

FORM NO. 1

(1) PLACE OF BIRTH

County of Greenville
 Township of Fairview
 OR
 Inc. Town of Ft. Inn
 OR
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
27544

Registration District No. 2706 Registered No. 75
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Not named If child is not yet named, make supplemental report as directed

BOY OR GIRL? <u>girl</u>	(6) Sex or <u>Female</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 15 1915</u>
FATHER		MOTHER		
FULL NAME <u>Boyce Bruce</u>		(14) NAME BEFORE MARRIAGE <u>Minnie Fortune</u>		
PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Ft Inn S.C.</u>		
COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	
BIRTHPLACE <u>Harley Springs S.C.</u>		(18) BIRTHPLACE <u>Saluka S.C.</u>		
OCCUPATION <u>mill work</u>		(19) OCCUPATION <u>House work</u>		
Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was alive at 10 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jasa. Thomas
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Ft Inn S.C.

Given name added from a supplemental report _____

 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark) _____
 (27) Filed Sept 5 1915 (28) Local Registrar J. H. Duckert

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BONDING
 WHILE PENDING, WITH READING INK. THIS IS A PERMANENT RECORD.
 8. In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS for each child, and mark the FIRST BORN, No. 1 THE OTHER, No. 2, etc., in question 5.